, `								Application or Docket Number					nber
PATENT APPLICATION FEE DETERMINATION RECOF									09/826464				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17				ı	RATE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			17 minus 20=		• 6			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			ا minus 3 =		•			X40=			OR	X80=	80
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				I	+135=			OR	+270=	
• If	the difference	in column 1 is	ro, enter	r "0" in c	column 2	ı	TOTA	-4		OR	TOTAL	790	
5/26 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										NTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 17	Minus	4	0	=	-	X\$ 9=	-		OR	X\$18=	
ME	Independent	· 4	Minus	*** 2	P	=/	Ī	X40=			OR	X80=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		Ī	+135=	_		OR	+270=	·
							L	TOTA			00	TOTAL	
	(Column 1) (Column 2) (Column 3)								EE L	•		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=	
AME	Independent	•	Minus	844		-		X40=	1		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=			OR	+270=	
							L	· TOT/			OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											ADDIT: 1 EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=	·
	Independent	•	Minus	***		-	l	X40=	1		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+			<u> </u>	
	il the entry in colu	rnn 1 is less than 1	he entor in coli	ımn 2 write	e "0" in ~	nkenn 3.	L	+135=	1		OR	+270=	
.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	fent) is th	e highest numbe	er fou	nd in the	app	ropriate bo	x in co	lumn 1.	